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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	85663019
Applicant	Hinton, Christopher C.
Applied for Mark	TEAHC
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

In re Application of:

Christopher C. Hinton

Law Office 109

Serial No. 85663019

Trademark Attorney:

Filed: Jun. 27, 2012

Robert J Struck

Trademark: TEAHC

Trademark Trial and Appeal Board

U.S. Patent and Trademark Office

P.O. Box 1451

Alexandria, VA 22313-1451

BRIEF FOR APPELLANT

INTRODUCTION

Applicant hereby appeals from the Examiner's final refusal to register the above-identified mark dated Mar. 17, 2015 and respectfully requests the Trademark Trial and Appeal Board to reverse the Examiner's decision.

APPLICANT'S TRADEMARK

Applicant seeks registration on the Principal Register of its mark TEAHC for Tea-based beverages in International Class 030.

THE REJECTION

The Examiner refused registration of Appellant's mark contending that the mark as applied is deceptively misdescriptive of Applicant's goods. Trademark Act Section 2(e)(1), 15 U.S.C. §1052(e)(1). Examiner has further refused registration alleging the mark on the drawing does not match the mark on the specimen.

ARGUMENT

I. Applicant's Products Do Not Contain THC

On June 5, 2013 Examiner requested responses to the following two questions:

- "Do applicant's identified goods include marijuana, marijuana based preparations, or marijuana extracts or derivatives, synthetic marijuana, or any other illegal controlled substances?;"
- "What is the meaning of the acronym/dominant lettering "THC" in the applicant's mark? Does it stand for tetrahydrocannabinol?"

In response, it was made clear that Applicant's products do not contain and are not

advertised as containing the federally controlled substance THC. TeaHC stands for TeaHoneyCare. See example advertisements attached as Exhibit A. As such, Applicant's goods are lawful pursuant to the Controlled Substances Act and should not be refused registration.

II. Mark Is Not Deceptively Misdescriptive

Applicant's mark is being refused registration for being allegedly deceptively misdescriptive. The Trademark Office bears the burden of proving that the mark is unregistrable because it is either "deceptively misdescriptive" or "deceptive." *In re Standard Elektrik Lorenz Aktiengesellschaft*, 371 F.2d 870, 152 LLaPJ. 563 (C.C.P.K 1967). Examiner argues "THC," is very prominent in comparison to the lettering "EA" to form the word "TEA." This is especially obvious on the Specimen of Use. It is clear that the Applicant intends for the initial and primary impression of the mark to be that of the acronym "THC," which indicates to consumers that the goods contain marijuana."

However, Examiner's evidence fails to establish that consumer will perceive Applicant's TEAHC as containing a controlled substance. The reasonable prudent purchaser is not an uninformed or gullible individual. *Scandia Down Corp. v. Euroquilt, Inc.*, 772 F.2d 1423, 227 U.S.P.Q. 138 (7th Cir. 1985) (while EVEREADY for batteries suggests long life, no one would be fatuous enough to be deceived into thinking that such a battery would never wear out or that its shelf life was infinite); *Donsky v. Bandwagon, Inc.*, 193 U.S.P.Q. 336 (D. Mass. 1976) (100 YEAR NITE- LITE not misdescriptive); *R. J. Reynolds Tobacco Co. v. Brown & Williamson Tobacco Corp.*, 226 U.S.P.Q. 169 (T.T.A.B. 1985) (NEW LOOK for ordinary cigarettes is not deceptively misdescriptive, using the treatise test of how gullible is the reasonably prudent purchaser. "New Look" denotes no definite characteristic or ingredient of the goods and cannot be misdescriptive.).

While the Examiner has provided evidence that the letters THC refers to the active ingredient in marijuana and that participants in drug culture do make tea from marijuana the Examiner has not established that a reasonably prudent purchaser would in fact perceive the Applicant's mark as containing the federally controlled substance THC. All the evidence marshaled by the Examiner points to drug culture participants making their own marijuana tea and not to commercially produced consumer products.

A consumer of average intelligence is well aware that possession of marijuana and THC is illegal under federal law. Even in the 18 states where there are "medical marijuana" laws, possession is limited to those who have a documented medical condition, often terminal in nature, and possession is still tightly regulated with various bureaucratic hoops for an individual to jump through before possession is permitted under limited circumstances. See Exhibit B.

Finally, it is regularly reported topic in the news about the conflict between state legalization efforts and the status of marijuana and THC as federally controlled substances. As such, it would be a rather gullible, uninformed consumer that would think that a bottle TEAHC available in a grocery store, a gas station, a coffee shop, or other places that tea based beverages appear would contain a substance that is illegal under federal law and illegal under most state laws. As such TEAHC is not likely to be perceived by the reasonably prudent purchaser as describing a feature or characteristic of the product and thus the mark is not deceptively misdescriptive.

III. Specimen Matches Mark on Drawing

On August 22, 2014 Examiner, after a two year delay from Applicant's submission of an Amendment to Allege Use, issued a new refusal arguing that "the specimen displays the mark as THC TEA in a highly stylized manner; however, the drawing displays the mark as TEAHC." Applicant respectfully disagrees as the mark applied for is TEAHC, which contains a single letter "T." Consumers will not mentally add a second letter "T" that does not exist on the label, which is what would be required for them to perceive the mark as THC TEA. The August 26, 2012 specimen is attached as Exhibit C.

CONCLUSION

For the reasons set forth hereinabove, that the Applicant's mark is not deceptively misdescriptive and that the specimen of record matches the Applied for mark. Accordingly, Applicant's mark is entitled to registration.

The Board is therefore respectfully requested to reverse the Examiner's decision refusing registration.

Respectfully submitted:

A handwritten signature in blue ink, appearing to read 'L Brean', with a stylized flourish at the end.

Luke Brean, Esq.

Attorney for Appellant

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EXHIBIT

A



THE HEALTHY CHOICE IS THE

TM

THE MATH IS SIMPLE:



TEA +



HONEY +



CARE =

THE ^{EA} IS TM

THE ^{HE}

C

HEALTHY

CHOICE



Last updated on: 9/16/2013 11:41:23 AM PST

20 Legal Medical Marijuana States and DC

Laws, Fees, and Possession Limits

I. Summary Chart

II. Details by State

III. Sources

I. Summary Chart: 20 states and DC have enacted laws to legalize medical marijuana						
State	Year Passed	How Passed (Yes Vote)	Fee	Possession Limit	Accepts other states' registry ID cards?	
1. Alaska	1998	Ballot Measure 8 (58%)	\$25/\$20	1 oz usable; 6 plants (3 mature, 3 immature)	unknown ¹	
2. Arizona	2010	Proposition 203 (50.13%)	\$150/\$75	2.5 oz usable; 0-12 plants ²	Yes ³	
3. California	1996	Proposition 215 (56%)	\$66/\$33	8 oz usable; 6 mature or 12 immature plants ⁴	No	
4. Colorado	2000	Ballot Amendment 20 (54%)	\$35	2 oz usable; 6 plants (3 mature, 3 immature)	No	
5. Connecticut	2012	House Bill 5389 (96-51 House, 21-13 Senate)	TBD*	One-month supply (exact amount to be determined)	No	
6. DC	2010	Amendment Act B18-622 (13-0 vote)	\$100/\$25	2 oz dried; limits on other forms to be determined	No	
7. Delaware	2011	Senate Bill 17 (27-14 House, 17-4 Senate)	\$125	6 oz usable	Yes ⁵	
8. Hawaii	2000	Senate Bill 862 (32-18 House; 13-12 Senate)	\$25	3 oz usable; 7 plants (3 mature, 4 immature)	No	
9. Illinois	2013	House Bill 1 (61-57 House; 35-21 Senate)	TBD*	2.5 ounces of usable cannabis during a period of 14 days	No	
10. Maine	1999	Ballot Question 2 (61%)	No fee	2.5 oz usable; 6 plants	Yes ⁶	
11. Massachusetts	2012	Ballot Question 3 (63%)	TBD ⁷	Sixty day supply for personal medical use	unknown	
12. Michigan	2008	Proposal 1 (63%)	\$100/\$25	2.5 oz usable; 12 plants	Yes	
13. Montana	2004	Initiative 148 (62%)	\$25/\$10	1 oz usable; 4 plants (mature); 12 seedlings	No	
14. Nevada	2000	Ballot Question 9 (65%)	\$200 ⁸	1 oz usable; 7 plants (3 mature, 4 immature)	Yes ⁹	
15. New Hampshire	2013	House Bill 573 (284-66 House; 18-6 Senate)	TBD*	Two ounces of usable cannabis during a 10-day period	Yes	
16. New Jersey	2010	Senate Bill 119 (48-14 House; 25-13 Senate)	\$200/\$20	2 oz usable	No	
17. New Mexico	2007	Senate Bill 523 (36-31 House; 32-3 Senate)	\$0	6 oz usable; 16 plants (4 mature, 12 immature)	No	
18. Oregon	1998	Ballot Measure 67 (55%)	\$200/\$100 ¹⁰	24 oz usable; 24 plants (6 mature, 18 immature)	No	
19. Rhode Island	2006	Senate Bill 0710 (52-10 House; 33-1 Senate)	\$75/\$10	2.5 oz usable; 12 plants	Yes	
20. Vermont	2004	Senate Bill 76 (22-7 HB 645 (82-59)	\$50	2 oz usable; 9 plants (2 mature, 7 immature)	No	
21. Washington	1998	Initiative 692 (59%)	**	24 oz usable; 15 plants	No	










- a. **Residency Requirement** - 18 of the 20 states require proof of residency to be considered a qualifying patient for medical marijuana use. Only Oregon has announced that it will accept out-of-state applications. The Illinois law does not appear to have a residency requirement, but it is unknown whether the program rules will address this matter.
- b. **Home Cultivation** - [Karen O'Keefe, JD](#), Director of State Policies for Marijuana Policy Project (MPP), told ProCon.org in a August 5, 2013 email that "Some or all patients and/or their caregivers can cultivate in 15 of the 20 states. Home cultivation is not allowed in Connecticut, Delaware, Illinois, New Hampshire, New Jersey, or the District of Columbia and a special license is required in New Mexico. In Arizona, patients can only cultivate if they lived 25 miles or more from a dispensary when they applied for their card. In Massachusetts, patients can only cultivate if they have a hardship waiver. In Nevada, patients can cultivate if they live more than 25 miles from a dispensary, if they are not able to reasonably travel to a dispensary, or if no dispensaries in the patients' counties are able to supply the strains they need. In addition, Nevada patients who were growing by July 1, 2013 may continue grow until March 31, 2016."
- c. **Patient Registration** - Karen O'Keefe stated the following in an Aug. 5, 2013 email to ProCon.org:

"Affirmative defenses, which protect from conviction but not arrest, are or may be available in several states even if the patient doesn't have an ID card: Rhode Island, Michigan, Colorado, Nevada, Oregon, and, in some circumstances, Delaware. Hawaii also has a separate 'choice of evils' defense. Patient ID cards are voluntary in Maine and California, but in California they offer the strongest legal protection. In Delaware, the defense is only available between when a patient submits a valid application and receives their ID card.

The states with no protection unless you're registered are: Alaska (except for that even non-medical use is protected in one's home due to the state constitutional right to privacy), Arizona, Connecticut, Montana, New Hampshire, Vermont, New Mexico, and New Jersey. Washington, D.C. also requires registration."
- d. **Maryland** - Maryland passed two laws that, although favorable to medical marijuana, do not legalize its use. [Senate Bill 502](#) (72 KB), the "Darrell Putman Bill" (Resolution #0756-2003) was approved in the state senate by a vote of 29-17, signed into law by Gov. Robert L. Ehrlich, Jr. on May 22, 2003, and took effect on Oct. 1, 2003. The law allows defendants being prosecuted for the use or possession of marijuana to introduce evidence of medical necessity and physician approval, to be considered by the court as a mitigating factor. If the court finds that the case involves medical necessity, the maximum penalty is a fine not exceeding \$100. The law does not protect users of medical marijuana from arrest nor does it establish a registry program.
- On May 10, 2011, Maryland Governor Martin O'Malley signed [SB 308](#) (500 KB), into law. SB 308 removed criminal penalties for medical marijuana patients who meet the specified conditions, but patients are still subject to arrest. The bill provides an affirmative defense for defendants who have been diagnosed with a debilitating medical condition that is "severe and resistant to conventional medicine." The affirmative defense does not apply to defendants who used medical marijuana in public or who were in possession of more than one ounce of marijuana. The bill also created a Work Group to "develop a model program to facilitate patient access to marijuana for medical purposes."
- Maryland passed two medical marijuana-related laws in 2013. [HB 180](#) (150 KB), signed into law by Governor O'Malley on Apr. 9, 2013, provides an affirmative defense to a prosecution for caregivers of medical marijuana patients. [HB 1101](#) (200 KB), signed into law by Governor O'Malley on May 2, 2013, allows for the investigational use of marijuana for medical purposes by "academic medical centers." The University of Maryland Medical System and Johns Hopkins University [indicated they would not participate](#) (230 KB).
- e. Several states with legal medical marijuana received [letters from their respective United States Attorney's offices](#) (2 MB) explaining that marijuana is a Schedule I substance and that the federal government considers growing, distribution, or possession of marijuana to be a federal crime regardless of the state laws. An [Aug. 29, 2013](#) (525 KB) Department of Justice memo clarified the government's prosecutorial priorities and stated that the federal government would rely on state and local law enforcement to "address marijuana activity through enforcement of their own narcotics laws."
- f. Between Mar. 27, 1979 and July 23, 1991, five US states enacted laws that legalized medical marijuana with a physician's prescription, however, those laws are considered symbolic because federal law prohibits physicians from "prescribing" marijuana, a schedule I drug.
- The five states were [Virginia](#) (25 KB) (Mar. 27, 1979), New Hampshire (Apr. 23, 1981), Connecticut (July 1, 1981), Wisconsin (Apr. 20, 1988), and Louisiana (July 23, 1991).

II. Details by State: 20 states and DC that have enacted laws to legalize medical marijuana

State and Relevant Medical Marijuana Laws	Contact and Program Details
1. Alaska Ballot Measure 8 (100 KB) -- Approved Nov. 3, 1998 by 58% of voters Effective: Mar. 4, 1999 <p>Removed state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess written documentation from their physician advising that they "might benefit from the medical use of marijuana."</p> <p>Approved Conditions: Cachexia, cancer, chronic pain, epilepsy and other disorders characterized by seizures, glaucoma, HIV or AIDS, multiple sclerosis and other disorders characterized by muscle spasticity, and nausea. Other conditions are subject to approval by the Alaska Department of Health and Social Services.</p> <p>Possession/Cultivation: Patients (or their primary caregivers) may legally possess no more than one ounce of usable marijuana, and may cultivate no more than six marijuana plants, of which no more than three may be mature. The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients.</p>	<p>Alaska Bureau of Vital Statistics Marijuana Registry P.O. Box 110699 Juneau, AK 99811-0699 Phone: 907-465-5423</p> <p>BVSSpecialServices@health.state.ak.us</p> <p>AK Marijuana Registry Online</p> <p>Information provided by the state on sources for medical marijuana: None found</p> <p>Patient Registry Fee: \$25 new application/\$20 renewal</p> <p>Accepts other states' registry ID cards? No.</p>

<p>Amended: Senate Bill 94  Effective: June 2, 1999</p> <p>Mandates all patients seeking legal protection under this act to enroll in the state patient registry and possess a valid identification card. Patients not enrolled in the registry will no longer be able to argue the "affirmative defense of medical necessity" if they are arrested on marijuana charges.</p> <p>Update: Alaska Statute Title 17 Chapter 37  (36 KB)</p> <p>Creates a confidential statewide registry of medical marijuana patients and caregivers and establishes identification card.</p>	<p>¹. Unknown [Editor's Note: Four phone calls made Jan. 5-8, 2010 and an email sent on Jan. 6, 2010 by ProCon.org to the Alaska Marijuana Registry have not yet been returned and the information is not available on the state's website (as of Jan. 11, 2010).]</p> <p>Registration: Mandatory</p>
<p>2. Arizona</p> <p>Ballot Proposition 203  (300 KB) "Arizona Medical Marijuana Act" -- Approved Nov. 2, 2010 by 50.13% of voters</p> <p>Allows registered qualifying patients (who must have a physician's written certification that they have been diagnosed with a debilitating condition and that they would likely receive benefit from marijuana) to obtain marijuana from a registered nonprofit dispensary, and to possess and use medical marijuana to treat the condition.</p> <p>Requires the Arizona Department of Health Services to establish a registration and renewal application system for patients and nonprofit dispensaries. Requires a web-based verification system for law enforcement and dispensaries to verify registry identification cards. Allows certification of a number of dispensaries not to exceed 10% of the number of pharmacies in the state (which would cap the number of dispensaries around 124).</p> <p>Specifies that a registered patient's use of medical marijuana is to be considered equivalent to the use of any other medication under the direction of a physician and does not disqualify a patient from medical care, including organ transplants.</p> <p>Specifies that employers may not discriminate against registered patients unless that employer would lose money or licensing under federal law. Employers also may not penalize registered patients solely for testing positive for marijuana in drug tests, although the law does not authorize patients to use, possess, or be impaired by marijuana on the employment premises or during the hours of employment.</p> <p>Approved Conditions: Cancer, glaucoma, HIV/AIDS, Hepatitis C, ALS, Crohn's disease, Alzheimer's disease, cachexia or wasting syndrome, severe and chronic pain, severe nausea, seizures (including epilepsy), severe or persistent muscle spasms (including multiple sclerosis).</p> <p>Possession/Cultivation: Qualified patients or their registered designated caregivers may obtain up to 2.5 ounces of marijuana in a 14-day period from a registered nonprofit medical marijuana dispensary. ²: If the patient lives more than 25 miles from the nearest dispensary, the patient or caregiver may cultivate up to 12 marijuana plants in an enclosed, locked facility.</p> <p>Amended: Senate Bill 1443  (20 KB) Effective: Signed by Governor Jan Brewer on May 7, 2013 "Specifies the prohibition to possess or use marijuana on a postsecondary educational institution campus does not apply to medical research projects involving marijuana that are conducted on the campus, as authorized by applicable federal approvals and on approval of the applicable university institutional review board."</p> <p>[Editor's Note: On Apr. 11, 2012, the Arizona Department of Health Services (ADHS) announced the revised rules  (1.1 MB) for regulating medical marijuana and set the application dates for May 14 through May 25.</p> <p>On Nov. 15, 2012, the first dispensary was awarded "approval to operate." ADHS Director Will Humble stated on his blog that, "[W]e'll be declining new 'requests to cultivate' among new cardholders in most of the metro area... because self-grow (12 plants) is only allowed when the patient lives more than 25 miles from the nearest dispensary. The vast majority of the Valley is within 25 miles of this new dispensary."</p> <p>On Dec. 6, 2012, the state's first dispensary, Arizona Organix, opened in Glendale.]</p>	<p>Arizona Department of Health Services (ADHS) Medical Marijuana Program 150 North 18th Avenue Phoenix, Arizona 85007 Phone: 602-542-1023</p> <p>Prop 203 Information Hub</p> <p>Information provided by the state on sources for medical marijuana: "Qualifying patients can obtain medical marijuana from a dispensary, the qualifying patient's designated caregiver, another qualifying patient, or, if authorized to cultivate, from home cultivation. When a qualifying patient obtains or renews a registry identification card, the Department will provide a list of all operating dispensaries to the qualifying patient." ADHS, "Qualifying Patients FAQs,"  (150 KB) Mar. 25, 2010</p> <p>Patient Registry Fee: \$150 / \$75 for Supplemental Nutrition Assistance Program participants</p> <p>Accepts other states' registry ID cards? ³: Yes, but does not permit visiting patients to obtain marijuana from an Arizona dispensary</p> <p>Registration: Mandatory</p>
<p>3. California</p> <p>Ballot Proposition 215  (45 KB) -- Approved Nov. 5, 1996 by 56% of voters Effective: Nov. 6, 1996</p> <p>Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess a "written or oral recommendation" from their physician that he or she "would benefit from medical marijuana." Patients diagnosed with any debilitating illness where the medical use of marijuana has been "deemed appropriate and has been recommended by a physician" are afforded legal protection under this act.</p> <p>Approved Conditions: AIDS, anorexia, arthritis, cachexia, cancer, chronic pain,</p>	<p>California Department of Public Health Office of County Health Services Attention: Medical Marijuana Program Unit MS 5203 P.O. Box 997377 Sacramento, CA 95899-7377 Phone: 916-552-8600 Fax: 916-440-5591</p> <p>mmppinfo@dhs.ca.gov</p>

Approved Conditions: AIDS, anorexia, arthritis, cachexia, cancer, chronic pain, glaucoma, migraine, persistent muscle spasms, including spasms associated with multiple sclerosis, seizures, including seizures associated with epilepsy, severe nausea; Other chronic or persistent medical symptoms.

Amended: [Senate Bill 420](#) 📄 (70 KB)

Effective: Jan. 1, 2004

Imposes statewide guidelines outlining how much medicinal marijuana patients may grow and possess.

Possession/Cultivation: Qualified patients and their primary caregivers may possess no more than eight ounces of dried marijuana and/or six mature (or 12 immature) marijuana plants. However, S.B. 420 allows patients to possess larger amounts of marijuana when recommended by a physician. The legislation also allows counties and municipalities to approve and/or maintain local ordinances permitting patients to possess larger quantities of medicinal pot than allowed under the new state guidelines.

S.B. 420 also grants implied legal protection to the state's medicinal marijuana dispensaries, stating, "Qualified patients, persons with valid identification cards, and the designated primary caregivers of qualified patients ... who associate within the state of California in order collectively or cooperatively to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions."

4: **[Editor's Note:** On Jan. 21, 2010, the California Supreme Court affirmed ([S164830](#) 📄 (300 KB)) the [May 22, 2008 Second District Court of Appeals ruling](#) 📄 (50 KB) in the Kelly Case that the possession limits set by SB 420 violate the California constitution because the voter-approved Prop. 215 can only be amended by the voters.

ProCon.org contacted the California Medical Marijuana Program (MMP) on Dec. 6, 2010 to ask 1) how the ruling affected the implementation of the program, and 2) what instructions are given to patients regarding possession limits. A California Department of Public Health (CDPH) Office of Public Affairs representative wrote the following in a Dec. 7, 2010 email to ProCon.org: "The role of MMP under Senate Bill 420 is to implement the State Medical Marijuana ID Card Program in all California counties. CDPH does not oversee the amounts that a patient may possess or grow. When asked what a patient can possess, patients are referred to www.courtinfo.ca.gov, case S164830 which is the Kelly case, changing the amounts a patient can possess from 8 oz. 6 mature plants or 12 immature plants to 'the amount needed for a patient's personal use.' MMP can only cite what the law says."

According to a Jan. 21, 2010 article titled "California Supreme Court Further Clarifies Medical Marijuana Laws," by Aaron Smith, California Policy Director at the Marijuana Policy Project, the impact of the ruling is that people growing more than 6 mature or 12 immature plants are still subject to arrest and prosecution, but they will be allowed to use a medical necessity defense in court.]

Attorney General's Guidelines:

On Aug. 25, 2008, California Attorney General Jerry Brown issued guidelines for law enforcement and medical marijuana patients to clarify the state's laws. Read more about the guidelines [here](#).

4. Colorado

Ballot Amendment 20 -- Approved Nov. 7, 2000 by 54% of voters

Effective: June 1, 2001

Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess written documentation from their physician affirming that he or she suffers from a debilitating condition and advising that they "might benefit from the medical use of marijuana." (Patients must possess this documentation prior to an arrest.)

Approved Conditions: Cancer, glaucoma, HIV/AIDS positive, cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are characteristic of multiple sclerosis. Other conditions are subject to approval by the Colorado Board of Health.

Possession/Cultivation: A patient or a primary caregiver who has been issued a Medical Marijuana Registry identification card may possess no more than two ounces of a usable form of marijuana and not more than six marijuana plants, with three or fewer being mature, flowering plants that are producing a usable form of marijuana.

Patients who do not join the registry or possess greater amounts of marijuana than allowed by law may argue the "affirmative defense of medical necessity" if they are arrested on marijuana charges.

Amended: [House Bill 1284](#) 📄 (236 KB) and [Senate Bill 109](#) 📄 (50 KB)

Effective: June 7, 2010

Colorado Governor Bill Ritter signed the bills into law and stated the following in a June 7, 2010 press release:

"House Bill 1284 provides a regulatory framework for dispensaries, including giving

CA Medical Marijuana Program

[Guidelines for the Security and Non-division of Marijuana Grown for Medical Use](#) 📄 (55 KB)

Information provided by the state on sources for medical marijuana:

"Dispensaries, growing collectives, etc., are licensed through local city or county business ordinances and the regulatory authority lies with the State Attorney General's Office. Their number is 1-800-952-5225." (accessed Jan. 11, 2010)

Patient Registry Fee:

\$66 non Medi-Cal / \$33 Medi-Cal, plus additional county fees (varies by location)

Accepts other states' registry ID cards?

No

Registration:

Voluntary

Medical Marijuana Registry

Colorado Department of Public Health and Environment
HSVR-ADM2-A1
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Phone: 303-692-2184

medical.marijuana@state.co.us

CO Medical Marijuana Registry

Information provided by the state on sources for medical marijuana:

"The Colorado Medical Marijuana amendment, statutes and regulations are silent on the issue of dispensaries. While the Registry is aware that a number of such businesses have been established across the state, we do not have a formal relationship with them." (accessed Jan. 11, 2010)

Patient Registry Fee:

\$35

Accepts other states' registry ID cards?

No

Registration:

Mandatory

<p>local communities the ability to ban or place sensible and much-needed controls on the operation, location and ownership of these establishments.</p> <p>Senate Bill 109 will help prevent fraud and abuse, ensuring that physicians who authorize medical marijuana for their patients actually perform a physical exam, do not have a DEA flag on their medical license and do not have a financial relationship with a dispensary."</p>	
<p>5. Connecticut</p> <p>HB 5389 📎 (310 KB) -- Signed into law by Gov. Dannel P. Malloy (D) on May 31, 2012 Approved: By House 96-51, by Senate 21-13 Effective: Some sections from passage (May 4, 2012), other sections on Oct. 1, 2012</p> <p>"A qualifying patient shall register with the Department of Consumer Protection... prior to engaging in the palliative use of marijuana. A qualifying patient who has a valid registration certificate... shall not be subject to arrest or prosecution, penalized in any manner,... or denied any right or privilege."</p> <p>Patients must be Connecticut residents at least 18 years of age. "Prison inmates, or others under the supervision of the Department of Corrections, would not qualify, regardless of their medical condition."</p> <p>Approved Conditions: "Cancer, glaucoma, positive status for human immunodeficiency virus or acquired immune deficiency syndrome [HIV/AIDS], Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn's disease, posttraumatic stress disorder, or... any medical condition, medical treatment or disease approved by the Department of Consumer Protection..."</p> <p>Possession/Cultivation: Qualifying patients may possess "an amount of usable marijuana reasonably necessary to ensure uninterrupted availability for a period of one month, as determined by the Department of Consumer Protection."</p> <p>The Connecticut Medical Marijuana Program website posted an update on Sep. 23, 2012 with instructions on how to register for the program starting on Oct. 1, 2012. "Patients who are currently receiving medical treatment for a debilitating medical conditions set out in the law may qualify for a temporary registration certificate beginning October 1, 2012. To qualify, a patient must also be at least 18 years of age and a Connecticut resident."</p> <p>Draft Regulations on Medical Marijuana 📎 (482 KB) were posted on Jan. 16, 2013.</p>	<p>Medical Marijuana Program Department of Consumer Protection (DCP) 165 Capitol Avenue Hartford, CT 06106 Phone: 860-713-6006 Toll-Free: 800-842-2649</p> <p>dcp.mmp@ct.gov</p> <p>The DCP will "issue temporary patient registration certificates starting on October 1, 2012."</p> <p>CT Medical Marijuana Program</p> <p>Information provided by the state on sources for medical marijuana:</p> <p>"The Commissioner of Consumer Protection shall determine the number of dispensaries appropriate to meet the needs of qualifying patients in this state."</p> <p>Patient Registry Fee: *The Commissioner of Consumer Protection will establish a "reasonable fee."</p> <p>Accepts other states' registry ID cards? No</p> <p>Registration: Mandatory</p>
<p>6. District of Columbia (DC)</p> <p>Amendment Act B18-622 📎 (80KB) "Legalization of Marijuana for Medical Treatment Amendment Act of 2010" -- Approved 13-0 by the Council of the District of Columbia on May 4, 2010; signed by the Mayor on May 21, 2010]</p> <p>Effective: July 27, 2010 [After being signed by the Mayor, the law underwent a 30-day Congressional review period. Neither the Senate nor the House acted to stop the law, so it became effective when the review period ended.]</p> <p>Approved Conditions: HIV, AIDS, glaucoma, multiple sclerosis, cancer, other conditions that are chronic, long-lasting, debilitating, or that interfere with the basic functions of life, serious medical conditions for which the use of medical marijuana is beneficial, patients undergoing treatments such as chemotherapy and radiotherapy.</p> <p>Possession/Cultivation: The maximum amount of medical marijuana that any qualifying patient or caregiver may possess at any moment is two ounces of dried medical marijuana. The Mayor may increase the quantity of dried medical marijuana that may be possessed up to four ounces; and shall decide limits on medical marijuana of a form other than dried.</p> <p>On Apr. 14, 2011, Mayor Vincent C. Gray announced the adoption of an emergency amendment 📎 (450 KB) to title 22 of the District of Columbia Municipal Regulations (DCMR), which added a new subtitle C entitled "Medical Marijuana." The emergency amendment "will set forth the process and procedure" for patients, caregivers, physicians, and dispensaries, and "implement the provisions of the Act that must be addressed at the onset to enable the Department to administer the program." The final rulemaking 📎 (800 KB) was posted online on Jan. 3, 2012.</p> <p>On Feb. 14, 2012, the DC Department of Health's Health Regulation and Licensing Administration posted a revised timeline for the dispensary application process 📎 (180 KB), which listed June 8, 2012 as the date by which the Department intends to announce dispensary applicants available for registration.</p> <p>The first dispensary, Capital City Care, was licensed in Apr. 2013.</p>	<p>Medical Marijuana Program Health Regulation and Licensing Administration 899 N. Capitol Street, NE 2nd Floor Washington, DC 20002 Phone: 202-442-5955</p> <p>doh.mmp@dc.gov</p> <p>The law establishes a medical marijuana program to "regulate the manufacture, cultivation, distribution, dispensing, purchase, delivery, sale, possession, and administration of medical marijuana and the manufacture, possession, purchase, sale, and use of paraphernalia. The Program shall be administered by the Mayor."</p> <p>Patient Registry Fee: \$100 initial or renewal fee /\$25 for low income patients</p> <p>Accepts other states' registry ID cards? No</p> <p>Registration: Mandatory</p>
<p>7. Delaware</p> <p>Senate Bill 17 📎 (100 KB) -- Signed into law by Gov. Jack Markell (D) on May 13, 2011</p>	<p>Delaware Department of Health and Social Services Division of Public Health</p>

Approved: By House 27-14, by Senate 17-4
Effective: July 1, 2011

Under this law, a patient is only protected from arrest if his or her physician certifies, in writing, that the patient has a specified debilitating medical condition and that the patient would receive therapeutic benefit from medical marijuana. The patient must send a copy of the written certification to the state Department of Health and Social Services, and the Department will issue an ID card after verifying the information. As long as the patient is in compliance with the law, there will be no arrest.

The law does not allow patients or caregivers to grow marijuana at home, but it does allow for the state-regulated, non-profit distribution of medical marijuana by compassion centers.

Approved Conditions: Approved for treatment of debilitating medical conditions, defined as cancer, HIV/AIDS, decompensated cirrhosis, ALS, Alzheimer's disease, post-traumatic stress disorder; or a medical condition that produces wasting syndrome, severe debilitating pain that has not responded to other treatments for more than three months or for which other treatments produced serious side effects, severe nausea, seizures, or severe and persistent muscle spasms.

Possession/Cultivation: Patients 18 and older with certain debilitating conditions may possess up to six ounces of marijuana with a doctor's written recommendation. A registered compassion center may not dispense more than 3 ounces of marijuana to a registered qualifying patient in any fourteen-day period, and a patient may register with only one compassion center. Home cultivation is not allowed. Senate Bill 17 contains a provision that allows for an affirmative defense for individuals "in possession of no more than six ounces of usable marijuana."

On Feb. 12, 2012, Gov. Markell released the following statement (presented in its entirety), available on delaware.gov, in response to a [letter from US District Attorney Charles Oberly](#) (2 MB):

"I am very disappointed by the change in policy at the federal department of justice, as it requires us to stop implementation of the compassion centers. To do otherwise would put our state employees in legal jeopardy and I will not do that. Unfortunately, this shift in the federal position will stand in the way of people in pain receiving help. Our law sought to provide that in a manner that was both highly regulated and safe."

On Aug. 15, 2013, Gov. Markell announced in a [letter to Delaware lawmakers](#) (175 KB) his intention to relaunch the state's medical marijuana program, despite his previous decision to stop implementation. Markell wrote that the Department of Health and Social Services "will proceed to issue a request for proposal for a pilot compassion center to open in Delaware next year."

Phone: 302-744-4749
Fax: 302-739-3071

MedicalMarijuanaDPH@state.de.us

[DE Medical Marijuana Program](#)

Information provided by the state on sources for medical marijuana:

The Delaware Medical Marijuana Program website states (as of Aug. 5, 2013), "The creation of the state-licensed, privately owned compassion centers has been suspended by the state. Based on guidance from the US Attorney, the compassion centers concept conflicts with federal law. As a result there is no plan to open compassion centers at this time." On Aug. 15, 2013, Gov. Markell announced that he will seek approval to open one compassion center in 2014.

Patient Registry Fee:

\$125 (a sliding scale fee is available based on income)

Accepts other states' registry ID cards?

5: Yes (a visiting qualifying patient is not subject to arrest if a visitor ID card is obtained)

Registration:

Mandatory

8. Hawaii

Senate Bill 862 (40 KB) -- Signed into law by Gov. Ben Cayetano on June 14, 2000
Approved: By House 32-18, by Senate 13-12
Effective: Dec. 28, 2000

Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess a signed statement from their physician affirming that he or she suffers from a debilitating condition and that the "potential benefits of medical use of marijuana would likely outweigh the health risks." The law establishes a mandatory, confidential state-run patient registry that issues identification cards to qualifying patients.

Approved conditions: Cancer, glaucoma, positive status for HIV/AIDS; A chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome, severe pain, severe nausea, seizures, including those characteristic of epilepsy, or severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease. Other conditions are subject to approval by the Hawaii Department of Health.

Possession/Cultivation: The amount of marijuana that may be possessed jointly between the qualifying patient and the primary caregiver is an "adequate supply," which shall not exceed three mature marijuana plants, four immature marijuana plants, and one ounce of usable marijuana per each mature plant.

Amended: [HB 668](#) (240 KB)
Effective: June 25, 2013

Establishes a medical marijuana registry special fund to pay for the program and transfers the medical marijuana program from the Department of Public Safety to the Department of Public Health by no later than Jan. 1, 2015.

Amended: [SB 642](#) (95 KB)
Effective: Jan. 2, 2015

Redefines "adequate supply" as seven marijuana plants, whether immature or mature, and four ounces of usable marijuana at any given time; stipulates that physician recommendations will have to be made by the qualifying patient's primary care physician.

Department of Public Safety
Narcotics Enforcement Division
3375 Koapaka Street, Suite D-100
Honolulu, HI 96819
Phone: 808-837-8470
Fax: 808-837-8474

[HI Medical Marijuana Application info](#)

Information provided by the state on sources for medical marijuana:

"Hawaii law does not authorize any person or entity to sell or dispense marijuana... Hawaii law authorizes the medical use of marijuana, it does not authorize the distribution of marijuana (Dispensaries) other than the transfer from a qualifying patient's primary

caregiver to the qualifying patient."
(accessed Jan. 11, 2010)

Patient Registry Fee:





\$25

Accepts other states' registry ID cards?

No

Registration:

Mandatory

<p>9. Illinois</p> <p>House Bill 1  (385 KB) Approved: Apr. 17, 2013 by House, 61-57 and May 17, 2013 by Senate, 35-21 Signed into law by Gov. Pat Quinn on Aug. 1, 2013 Effective: Jan. 1, 2014</p> <p>The Compassionate Use of Medical Cannabis Pilot Program Act establishes a patient registry program, protects registered qualifying patients and registered designated caregivers from "arrest, prosecution, or denial of any right or privilege," and allows for the registration of cultivation centers and dispensing organizations. Once the act goes into effect, "a tax is imposed upon the privilege of cultivating medical cannabis at a rate of 7% of the sales price per ounce."</p> <p>Approved Conditions: Cancer, glaucoma, positive status for HIV, AIDS, hepatitis C, ALS, muscular dystrophy, Crohn's disease, agitation of Alzheimer's disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, or "one or more injuries that significantly interferes with daily activities as documented by the patient's provider; and a severely debilitating or terminal medical condition or its treatment that has produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy induced anorexia, wasting syndrome, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms."</p> <p>Possession/Cultivation: "Adequate supply" is defined as "2.5 ounces of usable cannabis during a period of 14 days and that is derived solely from an intrastate source." The law does not allow patients or caregivers to cultivate cannabis.</p> <p>Governor Pat Quinn's Aug. 1, 2013 signing statement  (25 KB) explains key points of the law and notes that it is a four-year pilot program.</p>	<p>Medical Marijuana Program Illinois Department of Public Health http://www.idph.state.il.us/</p> <p>Information provided by the state on sources for medical marijuana: Cultivation centers and dispensing organizations will be registered by the Department of Agriculture and Department of Financial and Professional Regulation, respectively.</p> <p>Patient Registry Fee: To be determined during the rulemaking process</p> <p>Accepts other states' registry ID cards? No</p> <p>Registration: Mandatory</p>
<p>10. Maine</p> <p>Ballot Question 2 -- Approved Nov. 2, 1999 by 61% of voters Effective: Dec. 22, 1999</p> <p>Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess an oral or written "professional opinion" from their physician that he or she "might benefit from the medical use of marijuana." The law does not establish a state-run patient registry.</p> <p>Approved diagnosis: epilepsy and other disorders characterized by seizures; glaucoma; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea or vomiting as a result of AIDS or cancer chemotherapy.</p> <p>Possession/Cultivation: Patients (or their primary caregivers) may legally possess no more than one and one-quarter (1.25) ounces of usable marijuana, and may cultivate no more than six marijuana plants, of which no more than three may be mature. Those patients who possess greater amounts of marijuana than allowed by law are afforded a "simple defense" to a charge of marijuana possession.</p> <p>Amended: Senate Bill 611 Effective: Signed into law on Apr. 2, 2002</p> <p>Increases the amount of useable marijuana a person may possess from one and one-quarter (1.25) ounces to two and one-half (2.5) ounces.</p> <p>Amended: Question 5  (135 KB) -- Approved Nov. 3, 2009 by 59% of voters</p> <p>List of approved conditions changed to include cancer, glaucoma, HIV, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, Alzheimer's, nail-patella syndrome, chronic intractable pain, cachexia or wasting syndrome, severe nausea, seizures (epilepsy), severe and persistent muscle spasms, and multiple sclerosis.</p> <p>Instructs the Department of Health and Human Services (DHHS) to establish a registry identification program for patients and caregivers. Stipulates provisions for the operation of nonprofit dispensaries.</p> <p>[Editor's Note: An Aug. 19, 2010 email to ProCon.org from Catherine M. Cobb, Director of Maine's Division of Licensing and Regulatory Services, stated:</p> <p>"We have just set up our interface to do background checks on caregivers and those who are associated with dispensaries. They may not have a disqualifying drug offense."]</p> <p>Amended: LD 1062  (25 KB) Effective: Enacted without the governor's signature on June 26, 2013</p> <p>Adds post-traumatic stress disorder (PTSD) to the list of approved conditions for medical marijuana use.</p>	<p>Department of Health and Human Services Division of Licensing and Regulatory Services John Thiele, Program Manager 11 State House Station Augusta, ME 04333 207-287-9300</p> <p>Maine Medical Marijuana Program</p> <p>Information provided by the state on sources for medical marijuana: "The patient may either cultivate or designate a caregiver or dispensary to cultivate marijuana." ("Program Bulletin," Maine.gov, Sep. 28, 2011)</p> <p>Patient Registry Fee: \$0 Caregivers pay \$300/patient (limit of 5 patients; if not growing marijuana, there is no fee)</p> <p>Accepts other states' registry ID cards? Yes 6: "Law enforcement will accept appropriate authorization from a participating state, but that patient cannot purchase marijuana in Maine without registering here. That requires a Maine physician and a Maine driver license or other picture ID issued by the state of Maine. The letter from a physician in another state is only good for 30 days." (Aug. 19, 2010 email from Maine's Division of Licensing and Regulatory Services)</p> <p>Registration: Voluntary "In addition to either a registry ID card or a physician certification form, all patients, including both non-registered and voluntarily registered patients, must also present their Maine driver license or other Maine-issued photo identification card to law enforcement, upon request." ("Program Bulletin," Maine.gov, Sep. 28, 2011)</p>

11. Massachusetts

Ballot Question 3 -- Approved Nov. 6, 2012 by 63% of voters
Effective: Jan. 1, 2013

"The citizens of Massachusetts intend that there should be no punishment under state law for qualifying patients, physicians and health care professionals, personal caregivers for patients, or medical marijuana treatment center agents for the medical use of marijuana...

In the first year after the effective date, the Department shall issue registrations for up to thirty-five non-profit medical marijuana treatment centers, provided that at least one treatment center shall be located in each county, and not more than five shall be located in any one county."

Approved diagnosis: "Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome (AIDS), hepatitis C, amyotrophic lateral sclerosis (ALS), Crohn's disease, Parkinson's disease, multiple sclerosis and other conditions as determined in writing by a qualifying patient's physician."

Possession/Cultivation: Patients may possess "no more marijuana than is necessary for the patient's personal, medical use, not exceeding the amount necessary for a sixty-day supply..."

Within 120 days of the effective date of this law, the department shall issue regulations defining the quantity of marijuana that could reasonably be presumed to be a sixty-day supply for qualifying patients, based on the best available evidence."

"The Department shall issue a cultivation registration to a qualifying patient whose access to a medical treatment center is limited by verified financial hardship, a physical incapacity to access reasonable transportation, or the lack of a treatment center within a reasonable distance of the patient's residence. The Department may deny a registration based on the provision of false information by the applicant. Such registration shall allow the patient or the patient's personal caregiver to cultivate a limited number of plants, sufficient to maintain a 60-day supply of marijuana, and shall require cultivation and storage only in an enclosed, locked facility.

The department shall issue regulations consistent with this section within 120 days of the effective date of this law. Until the department issues such final regulations, the written recommendation of a qualifying patient's physician shall constitute a limited cultivation registration."

Department of Public Health of the Commonwealth of Massachusetts
One Ashburton Place
11th Floor
Boston, MA 02108
617-573-1600

www.mass.gov/medicalmarijuana

Information provided by the state on sources for medical marijuana:
The state will issue registrations for up to 35 nonprofit medical marijuana treatment centers

Patient Registry Fee:
7: To be determined by DPH within 120 days of the effective date of Jan. 1, 2013.

Accepts other states' registry ID cards?
Unknown

Registration:
Mandatory
"Until the approval of final regulations, written certification by a physician shall constitute a registration card for a qualifying patient."

12. Michigan

Proposal 1 (60 KB) "Michigan Medical Marihuana Act" -- Approved by 63% of voters on Nov. 4, 2008
Approved: Nov. 4, 2008
Effective: Dec. 4, 2008

Approved Conditions: Approved for treatment of debilitating medical conditions, defined as cancer, glaucoma, HIV, AIDS, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail patella, cachexia or wasting syndrome, severe and chronic pain, severe nausea, seizures, epilepsy, muscle spasms, and multiple sclerosis.

Possession/Cultivation: Patients may possess up to two and one-half (2.5) ounces of usable marijuana and twelve marijuana plants kept in an enclosed, locked facility. The twelve plants may be kept by the patient only if he or she has not specified a primary caregiver to cultivate the marijuana for him or her.

Amended: [HB 4856](#) (40 KB)
Effective: Dec. 31, 2012

Makes it illegal to "transport or possess" usable marijuana by car unless the marijuana is "enclosed in a case that is carried in the trunk of the vehicle." Violation of the law is a misdemeanor "punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both."

Amended: [HB 4834](#) (40 KB)
Effective: Apr. 1, 2013

Requires proof of Michigan residency when applying for a registry ID card (driver license, official state ID, or valid voter registration) and makes cards valid for two years instead of one.

Amended: [HB 4851](#) (40 KB)
Effective: Apr. 1, 2013

Requires a "bona fide physician-patient relationship," defined in part as one in which

Michigan Medical Marihuana Program
Bureau of Health Professions,
Department of Licensing and Regulatory Affairs
P.O. Box 30083
Lansing, MI 48909
Phone: 517-373-0395

BHP-MMMPINFO@michigan.gov

[MI Medical Marihuana Program](#)

Information provided by the state on sources for medical marijuana:
"The MMMP is not a resource for the growing process and does not have information to give to patients." (accessed Jan. 7, 2013)

Patient Registry Fee:
\$100 new or renewal application / \$25 Medicaid patients

Accepts other states' registry ID cards?
Yes

Registration:
Mandatory

<p>the physician "has created and maintained records of the patient's condition in accord with medically accepted standards" and "will provide follow-up care;" protects patient from arrest only with registry identification card and valid photo ID.</p> <p>Amended: State of Michigan vs. McQueen 📄 (90 KB) Decided: Feb. 8, 2013</p> <p>The Michigan Supreme Court ruled 4-1 that dispensaries are illegal. As a result, medical marijuana patients in Michigan will have to grow their own marijuana or get it from a designated caregiver who is limited to five patients.</p>	
<p>13. Montana</p> <p>Initiative 148 📄 (76 KB) -- Approved by 62% of voters on Nov. 2, 2004 Effective: Nov. 2, 2004</p> <p>Approved Conditions: Cancer, glaucoma, or positive status for HIV/AIDS, or the treatment of these conditions; a chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, including seizures caused by epilepsy, or severe or persistent muscle spasms, including spasms caused by multiple sclerosis or Crohn's disease; or any other medical condition or treatment for a medical condition adopted by the department by rule.</p> <p>Possession/Cultivation: A qualifying patient and a qualifying patient's caregiver may each possess six marijuana plants and one ounce of usable marijuana. "Usable marijuana" means the dried leaves and flowers of marijuana and any mixture or preparation of marijuana.</p> <p>Amended: SB 423 📄 (100 KB) -- Passed on Apr. 28, 2011 and transmitted to the Governor on May 3, 2011 Effective: July 1, 2011</p> <p>SB 423 changes the application process to require a Montana driver's license or state issued ID card. A second physician is required to confirm a chronic pain diagnosis.</p> <p>"A provider or marijuana-infused products provider may assist a maximum of three registered cardholders..." and "may not accept anything of value, including monetary remuneration, for any services or products provided to a registered cardholder."</p> <p>Approved Conditions: Cancer, glaucoma, or positive status for HIV/AIDS when the condition or disease results in symptoms that seriously and adversely affect the patient's health status; Cachexia or wasting syndrome; Severe, chronic pain that is persistent pain of severe intensity that significantly interferes with daily activities as documented by the patient's treating physician; Intractable nausea or vomiting; Epilepsy or intractable seizure disorder; Multiple sclerosis; Chron's Disease; Painful peripheral neuropathy; A central nervous system disorder resulting in chronic, painful spasticity or muscle spasms; Admittance into hospice care.</p> <p>Possession/Cultivation: Amended to 12 seedlings (less than 12"), four mature flowering plants, and one ounce of usable marijuana.</p> <p>On Nov. 6, 2012, Montana voters approved initiative referendum No. 124 by a vote of 56.5% to 43.5%, upholding SB 423.</p>	<p>Medical Marijuana Program Montana Department of Health and Human Services Licensure Bureau 2401 Colonial Drive, 2nd Floor P.O. Box 202953 Helena, MT 59620-2953 Phone: 406-444-2676</p> <p>jbuska@mt.gov</p> <p>MT Medical Marijuana Program</p> <p>Medical Marijuana Program FAQs 📄 (35 KB)</p> <p>Information provided by the state on sources for medical marijuana: "The Medical Marijuana Act... allows a patient or caregiver to grow up to six plants or possess up to one ounce of usable marijuana. The department cannot give advice or referrals on how to obtain a supply of marijuana... State law is silent on where grow sites can be located." (accessed Jan. 11, 2010)</p> <p>Patient Registry Fee: \$25 new application/\$10 renewal (reduced from \$50 as of Oct. 1, 2009)</p> <p>Accepts other states' registry ID cards? No (reciprocity ended when SB 423 took effect)</p> <p>Registration: Mandatory</p>
<p>14. Nevada</p> <p>Ballot Question 9 -- Approved Nov. 7, 2000 by 65% of voters Effective: Oct. 1, 2001</p> <p>Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who have "written documentation" from their physician that marijuana may alleviate his or her condition.</p> <p>Approved Conditions: AIDS; cancer; glaucoma; and any medical condition or treatment to a medical condition that produces cachexia, persistent muscle spasms or seizures, severe nausea or pain. Other conditions are subject to approval by the health division of the state Department of Human Resources.</p> <p>Possession/Cultivation: Patients (or their primary caregivers) may legally possess no more than one ounce of usable marijuana, three mature plants, and four immature plants.</p> <p>Registry: The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients. Patients who do not join the registry or possess greater amounts of marijuana than allowed by law may argue the "affirmative defense of medical necessity" if they are arrested on marijuana charges. Legislators added a preamble to the legislation stating, "[T]he state of Nevada as a sovereign state has the duty to carry out the will of the people of this state and regulate the health, medical practices and well-being of those people in a manner that respects their personal decisions concerning the relief of suffering through the medical use of marijuana." A separate provision requires the Nevada School of Medicine to "aggressively" seek federal permission to establish a state-run medical marijuana distribution program.</p>	<p>Nevada State Health Division 4150 Technology Way, Suite 104 Carson City, Nevada Phone: 775-687-7594 Fax: 775-684-4156</p> <p>NV Medical Marijuana Program</p> <p>Information provided by the state on sources for medical marijuana: "The NMMP is not a resource for the growing process and does not have information to give to patients."</p> <p>Patient Registry Fee: \$50 application fee, plus \$150 for the card (new or renewal), plus \$15-42 in additional related costs ⁸: SB 374 requires the fee to be reduced at least by half before Apr. 1, 2014</p> <p>Accepts other states' registry ID cards? ⁹: Yes, starting Apr. 1, 2014 with an affidavit</p> <p>Registration: Mandatory</p>

Amended: [Assembly Bill 453](#) 📎 (25 KB)

Effective: Oct. 1, 2001

Created a state registry for patients whose physicians recommend medical marijuana and tasked the Department of Motor Vehicles with issuing identification cards. No state money will be used for the program, which will be funded entirely by donations.

Amended: [Senate Bill 374](#) 📎 (280 KB)

Signed into law by Gov. Brian Sandoval on June 12, 2013

"Provides for the registration of medical marijuana establishments authorized to cultivate or dispense marijuana or manufacture edible marijuana products or marijuana-infused products for sale to persons authorized to engage in the medical use of marijuana...

From April 1, 2014, through March 31, 2016, a nonresident purchaser must sign an affidavit attesting to the fact that he or she is entitled to engage in the medical use of marijuana in his or her state or jurisdiction of residency. On and after April 1, 2016, the requirement for such an affidavit is replaced by computer cross-checking between the State of Nevada and other jurisdictions." Patients who were growing before July 1, 2013 are allowed to continue home cultivation until March 31, 2016.

15. New Hampshire

House Bill 573 📎 (215 KB)

Approved: May 23, 2013 by Senate, 18-6 and June 26, 2013 by House, 284-66

Signed into law by Gov. Maggie Hassan on July 23, 2013

Effective: Upon passage

The bill authorizes the use of therapeutic cannabis in New Hampshire, establishes a registry identification card system, allows for the registration of up to four non-profit alternative treatment centers in the state, and establishes an affirmative defense for qualified patients and designated caregivers with valid registry ID cards.

HB 573 also calls for the creation of a Therapeutic Use of Cannabis Advisory Council, which in five years will be required to "issue a formal opinion on whether the program should be continued or repealed."

A valid ID card from another medical marijuana state will be recognized as allowing the visiting patient to possess cannabis for therapeutic purposes, but the "visiting qualifying patient shall not cultivate or purchase cannabis in New Hampshire or obtain cannabis from alternative treatment centers..."

Approved Conditions: Cancer, glaucoma, positive status for HIV, AIDS, hepatitis C, ALS, muscular dystrophy, Crohn's disease, agitation of Alzheimer's disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, or "one or more injuries that significantly interferes with daily activities as documented by the patient's provider; and a severely debilitating or terminal medical condition or its treatment that has produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy induced anorexia, wasting syndrome, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms."

Possession/Cultivation: "A qualifying patient shall not obtain more than 2 ounces of usable cannabis directly or through the qualifying patient's designated caregiver during a 10-day period." A patient may possess two ounces of usable cannabis and any amount of unusable cannabis.

Medical Marijuana Program

New Hampshire Department of Health and Human Services

<http://www.dhhs.state.nh.us>

Information provided by the state on sources for medical marijuana:

HB 537 requires DHHS to register two nonprofit alternative treatment centers within 18 months of the bill's effective date, provided that at least two applicants are qualified. There can be no more than four alternative treatment centers at one time.

Patient Registry Fee:

To be determined during the rulemaking process

Accepts other states' registry ID cards?

Yes

Registration:

Mandatory

16. New Jersey

Senate Bill 119 📎 (175 KB)

Approved: Jan. 11, 2010 by House, 48-14; by Senate, 25-13

Signed into law by Gov. Jon Corzine on Jan. 18, 2010

Effective: Six months from enactment

Protects "patients who use marijuana to alleviate suffering from debilitating medical conditions, as well as their physicians, primary caregivers, and those who are authorized to produce marijuana for medical purposes" from "arrest, prosecution, property forfeiture, and criminal and other penalties."

Also provides for the creation of alternative treatment centers, "at least two each in the northern, central, and southern regions of the state. The first two centers issued a permit in each region shall be nonprofit entities, and centers subsequently issued permits may be nonprofit or for-profit entities."

Approved Conditions: Seizure disorder, including epilepsy, intractable skeletal muscular spasticity, glaucoma; severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome resulting from HIV/AIDS or cancer; amyotrophic lateral sclerosis (Lou Gehrig's Disease), multiple sclerosis, terminal cancer, muscular dystrophy, or inflammatory bowel disease, including Crohn's disease; terminal illness, if the physician has determined a prognosis of less than 12 months of life or any other medical condition or its treatment that is approved by the Department of Health and

S119 was supposed to become effective six months after it was enacted on Jan. 18, 2010, but the legislature, DHHS, and New Jersey Governor Chris Christie did not agree on the details of how the program would be run.

The **Department of Health and Senior Services (DHSS)**, the state agency in charge of the program, issued its first dispensary permit on Oct. 16, 2012.

Medicinal Marijuana Program

Information provided by the state on sources for medical marijuana:

Patients are not allowed to grow their own marijuana. On Mar. 21, 2011, the New Jersey DHHS announced the [locations of six nonprofit alternative treatment centers \(ATCs\)](#) 📎 (100 KB) from which medical marijuana may be obtained.

Medical marijuana is not covered by

<p>Senior Services.</p> <p>Possession/Cultivation: Physicians determine how much marijuana a patient needs and give written instructions to be presented to an alternative treatment center. The maximum amount for a 30-day period is two ounces.</p> <p>The New Jersey Department of Health and Senior Services released draft rules (385 KB) outlining the registration and application process on Oct. 6, 2010. A public hearing to discuss the proposed rules was held on Dec. 6, 2010 at the New Jersey Department of Health and Senior Services, according to the <i>New Jersey Register</i>.</p> <p>On Dec. 20, 2011, Senator Nicholas Scutari (D), lead sponsor of the medical marijuana bill, submitted Senate Concurrent Resolution (SCR) 140 (25 KB) declaring that the "Board of Medical Examiners proposed medicinal marijuana program rules are inconsistent with legislative intent." The New Jersey Senate Health, Human Services and Senior Citizens committee held a public hearing to discuss SCR 140 and a similar bill, SCR 130, on Jan. 20, 2010.</p> <p>On Feb. 3, 2011, DHSS proposed new rules (200 KB) that streamlined the permit process for cultivating and dispensing, prohibited home delivery by alternative treatment centers, and required that "conditions originally named in the Act be resistant to conventional medical therapy in order to qualify as debilitating medical conditions."</p> <p>On Aug. 9, 2012, the New Jersey Medical Marijuana Program opened the patient registration system on its website. Patients must have a physician's recommendation, a government-issued ID, and proof of New Jersey residency to register. The first dispensary is expected to be licensed to open in September.</p> <p>On Oct. 16, 2012, the Department of Health issued the first dispensary permit (24 KB) to Greenleaf Compassion Center, allowing it to operate as an Alternative Treatment Center and dispense marijuana. The center opened on Dec. 6, 2012, becoming New Jersey's first dispensary.</p> <p>Five other treatment centers are "in various stages of finalizing locations or background examinations of the principals of their organizations."</p> <p>Amended: SB 2842 (40 KB) Signed into law by Gov. Chris Christie on Sep. 10, 2013 following legislative adoption of his conditional veto (10 KB)</p> <p>Allows edible forms of marijuana only for qualifying minors, who must receive approval from a pediatrician and a psychiatrist.</p>	<p>Medical marijuana is not covered by Medicaid.</p> <p>Patient Registry Fee: \$200 (valid for two years). Reduced fee of \$20 for patients qualifying for state or federal assistance programs</p> <p>Accepts other states' registry ID cards? No ("[T]o be eligible for the New Jersey Medicinal Marijuana program you must... hold a valid patient identification card issued by the New Jersey Medicinal Marijuana Program.")</p> <p>Registration: Mandatory</p>
<p>17. New Mexico</p> <p>Senate Bill 523 (71 KB) "The Lynn and Erin Compassionate Use Act" Approved: Mar. 13, 2007 by House, 36-31; by Senate, 32-3 Effective: July 1, 2007</p> <p>Removes state-level criminal penalties on the use and possession of marijuana by patients "in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments." The New Mexico Department of Health designated to administer the program and register patients, caregivers, and providers.</p> <p>Approved Conditions: The 15 current qualifying conditions for medical cannabis are: severe chronic pain, painful peripheral neuropathy, intractable nausea/vomiting, severe anorexia/cachexia, hepatitis C infection, Crohn's disease, Post-Traumatic Stress Disorder, ALS (Lou Gehrig's disease), cancer, glaucoma, multiple sclerosis, damage to the nervous tissue of the spinal cord with intractable spasticity, epilepsy, HIV/AIDS, and hospice patients.</p> <p>Possession/Cultivation: Patients have the right to possess up to six ounces of usable cannabis, four mature plants and 12 seedlings. Usable cannabis is defined as dried leaves and flowers; it does not include seeds, stalks or roots. A primary caregiver may provide services to a maximum of four qualified patients under the Medical Cannabis Program.</p>	<p>New Mexico Department of Health 1190 St. Francis Drive P.O. Box 26110 Santa Fe, NM 87502-6110 Phone: 505-827-2321</p> <p>medical.cannabis@state.nm.us</p> <p>NM Medical Cannabis Program</p> <p>Information provided by the state on sources for medical marijuana: "Patients can apply for a license to produce their own medical cannabis... Once a patient is approved we provide them with information about how to contact the licensed producers to receive medical cannabis." (accessed Jan. 11, 2010)</p> <p>Patient Registry Fee: \$0</p> <p>Accepts other states' registry ID cards? No</p> <p>Registration: Mandatory</p>
<p>18. Oregon</p> <p>Ballot Measure 67 (75 KB) -- Approved by 55% of voters on Nov. 3, 1998 Effective: Dec. 3, 1998</p> <p>Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess a signed recommendation from their physician stating that marijuana "may mitigate" his or her debilitating symptoms.</p> <p>Approved Conditions: Cancer, glaucoma, positive status for HIV/AIDS, or treatment for these conditions: A medical condition or treatment for a medical condition that</p>	<p>Oregon Department of Human Services Medical Marijuana Program PO Box 14450 Portland, OR 97293-0450 Phone: 971-673-1234 Fax: 971-673-1278</p> <p>OR Medical Marijuana Program (OMMP)</p> <p>Information provided by the state on</p>

for those conditions; A medical condition or treatment for a medical condition that produces cachexia, severe pain, severe nausea, seizures, including seizures caused by epilepsy, or persistent muscle spasms, including spasms caused by multiple sclerosis. Other conditions are subject to approval by the Health Division of the Oregon Department of Human Resources.

Possession/Cultivation: A registry identification cardholder or the designated primary caregiver of the cardholder may possess up to six mature marijuana plants and 24 ounces of usable marijuana. A registry identification cardholder and the designated primary caregiver of the cardholder may possess a combined total of up to 18 marijuana seedlings. (per [Oregon Revised Statutes ORS 475.300 -- ORS 475.346](#)) (52 KB)

Amended: [Senate Bill 1085](#) (52 KB)
Effective: Jan. 1, 2006

State-qualified patients who possess cannabis in amounts exceeding the new state guidelines will no longer retain the ability to argue an "affirmative defense" of medical necessity at trial. Patients who fail to register with the state, but who possess medical cannabis in amounts compliant with state law, still retain the ability to raise an "affirmative defense" at trial.

The law also redefines "mature plants" to include only those cannabis plants that are more than 12 inches in height and diameter, and establish a state-registry for those authorized to produce medical cannabis to qualified patients.

Amended: [House Bill 3052](#)
Effective: July 21, 1999

Mandates that patients (or their caregivers) may only cultivate marijuana in one location, and requires that patients must be diagnosed by their physicians at least 12 months prior to an arrest in order to present an "affirmative defense." This bill also states that law enforcement officials who seize marijuana from a patient pending trial do not have to keep those plants alive. Last year the Oregon Board of Health approved agitation due to Alzheimer's disease to the list of debilitating conditions qualifying for legal protection.

In August 2001, program administrators filed established temporary procedures further defining the relationship between physicians and patients. The new rule defines attending physician as "a physician who has established a physician/patient relationship with the patient;... is primarily responsible for the care and treatment of the patients;... has reviewed a patient's medical records at the patient's request, has conducted a thorough physical examination of the patient, has provided a treatment plan and/or follow-up care, and has documented these activities in a patient file."

Amended: [SB 281](#) (25 KB)
Signed by Gov. John Kitzhaber on June 6, 2013

Adds post-traumatic stress disorder (PTSD) to the list of approved conditions for medical marijuana use.

Amended: [HB 3460](#) (50 KB)
Signed by Gov. John Kitzhaber on Aug. 14, 2013

Creates a dispensary program by allowing the state licensing and regulation of medical marijuana facilities to transfer marijuana to registry identification cardholders or their designated primary caregivers.

[**Editor's Note:** On Nov. 2, 2010, 55.79% of Oregon Voters rejected [Measure 74](#) (100 KB), which would have allowed for the creation of state-regulated dispensaries.]

19. Rhode Island

Senate Bill 0710 -- Approved by state House and Senate, vetoed by the Governor. Veto was over-ridden by House and Senate.

Timeline:

1. June 24, 2005: passed the House 52 to 10
2. June 28, 2005: passed the State Senate 33 to 1
3. June 29, 2005: Gov. Carcieri vetoed the bill
4. June 30, 2005: Senate overrode the veto 28-6
5. Jan. 3, 2006: House overrode the veto 59-13 to pass the [Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act](#) (48 KB) (Public Laws 05-442 and 05-443)
6. June 21, 2007: Amended by [Senate Bill 791](#) (30 KB) **Effective:** Jan. 3, 2006

Approved Conditions: Cancer, glaucoma, positive status for HIV/AIDS, Hepatitis C, or the treatment of these conditions; A chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome; severe, debilitating, chronic pain; severe nausea; seizures, including but not limited to, those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis or Crohn's disease; or agitation of Alzheimer's Disease; or any other medical condition or its treatment approved by the state Department of Health.

sources for medical marijuana:

"The OMMP is not a resource for the growing process and does not have information to give to patients." (accessed Jan. 11, 2010)

Patient Registry Fee:

10: \$200 for new applications and renewals; \$100 for application and annual renewal fee for persons receiving SNAP (food stamp) and for Oregon Health Plan cardholders; \$20 for persons receiving SSI benefits

An additional \$50 grow site registration fee is charged if the patient is not his or her own grower.

Accepts other states' registry ID cards?

No

Registration:

Mandatory

Rhode Island Department of Health
Office of Health Professions Regulation,
Room 104
3 Capitol Hill
Providence, RI 02908-5097
Phone: 401-222-2828

[RI Medical Marijuana Program \(MMP\)](#)

Information provided by the state on sources for medical marijuana:

"The MMP is not a resource for marijuana and does not have information to give to patients related to the supply of marijuana." (accessed Jan. 11, 2010)

Patient Registry Fee:

\$75/\$10 for applicants on Medicaid or Supplemental Security Income (SSI)

Accepts other states' registry ID cards?

Yes, but only for the conditions approved in Rhode Island

<p>If you have a medical marijuana registry identification card from any other state, U.S. territory, or the District of Columbia you may use it in Rhode Island. It has the same force and effect as a card issued by the Rhode Island Department of Health.</p> <p>Possession/Cultivation: Limits the amount of marijuana that can be possessed and grown to up to 12 marijuana plants or 2.5 ounces of cultivated marijuana. Primary caregivers may not possess an amount of marijuana in excess of 24 marijuana plants and five ounces of usable marijuana for qualifying patients to whom he or she is connected through the Department's registration process.</p> <p>Amended: H5359 (70 KB) - The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act (substituted for the original bill)</p> <p>Timeline:</p> <ol style="list-style-type: none"> 1. May 20, 2009: passed the House 63-5 2. June 6, 2009: passed the State Senate 31-2 3. June 12, 2009: Gov. Carcieri vetoed the bill (60 KB) 4. June 16, 2009: Senate overrode the veto 35-3 5. June 16, 2009: House overrode the veto 67-0 <p>Effective June 16, 2009: Allows the creation of compassion centers, which may acquire, possess, cultivate, manufacture, deliver, transfer, transport, supply, or dispense marijuana, or related supplies and educational materials, to registered qualifying patients and their registered primary caregivers.</p> <p>The first dispensary, the Thomas C. Slater Compassion Center, opened on Apr. 19, 2013.</p>	<p>Registration: Mandatory</p>
<p>20. Vermont</p> <p>Senate Bill 76 (45 KB) -- Approved 22-7; House Bill 645 (41 KB) -- Approved 82-59 "Act Relating to Marijuana Use by Persons with Severe Illness" (Sec. 1. 18 V.S.A. chapter 86 (41 KB) passed by the General Assembly) Gov. James Douglas (R), <i>allowed the act to pass into law unsigned on May 26, 2004</i> Effective: July 1, 2004</p> <p>Amended: Senate Bill 00007 (65 KB) Effective: May 30, 2007</p> <p>Approved Conditions: Cancer, AIDS, positive status for HIV, multiple sclerosis, or the treatment of these conditions if the disease or the treatment results in severe, persistent, and intractable symptoms; or a disease, medical condition, or its treatment that is chronic, debilitating and produces severe, persistent, and one or more of the following intractable symptoms: cachexia or wasting syndrome, severe pain or nausea or seizures.</p> <p>Possession/Cultivation: No more than two mature marijuana plants, seven immature plants, and two ounces of usable marijuana may be collectively possessed between the registered patient and the patient's registered caregiver. A marijuana plant shall be considered mature when male or female flower buds are readily observed on the plant by unaided visual examination. Until this sexual differentiation has taken place, a marijuana plant will be considered immature.</p> <p>Amended: Senate Bill 17 (100 KB) "An Act Relating To Registering Four Nonprofit Organizations To Dispense Marijuana For Symptom Relief" Signed by Gov. Peter Shumlin on June 2, 2011</p> <p>The bill "establishes a framework for registering up to four nonprofit marijuana dispensaries in the state... A dispensary will be permitted to cultivate and possess at any one time up to 28 mature marijuana plants, 98 immature marijuana plants, and 28 ounces of usable marijuana."</p> <p>On Sep. 12, 2012, the State of Vermont Department of Public Safety announced conditional approval (65 KB) of two medical marijuana dispensaries. In June 2013, two dispensaries opened in Vermont.</p>	<p>Marijuana Registry Department of Public Safety 103 South Main Street Waterbury, Vermont 05671 Phone: 802-241-5115</p> <p>VT Marijuana Registry Program</p> <p>Information provided by the state on sources for medical marijuana: "The Marijuana Registry is neither a source for marijuana nor can the Registry provide information to patients on how to obtain marijuana." (accessed Jan. 11, 2010)</p> <p>Patient Registry Fee: \$50</p> <p>Accepts other states' registry ID cards? No</p> <p>Registration: Mandatory</p>
<p>21. Washington</p> <p>Chapter 69.51A RCW (4KB) Ballot Initiative I-692 -- Approved by 59% of voters on Nov. 3, 1998 Effective: Nov. 3, 1998</p> <p>Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess "valid documentation" from their physician affirming that he or she suffers from a debilitating condition and that the "potential benefits of the medical use of marijuana would likely outweigh the health risks."</p> <p>Approved Conditions: Cachexia; cancer; HIV or AIDS; epilepsy; glaucoma;</p> <p>intractable pain (defined as pain unrelieved by standard treatment or medications); and multiple sclerosis. Other conditions are subject to approval by the Washington Board of Health.</p>	<p>Department of Health PO Box 47866 Olympia, WA 98504-7866 Phone: 360-236-4700 Fax: 360-236-4768</p> <p>MedicalMarijuana@doh.wa.gov</p> <p>WA Medical Marijuana website</p> <p>Information provided by the state on sources for medical marijuana: "The law allows a qualifying patient or designated provider to grow medical marijuana. It is not legal to buy or sell it. The law does not allow dispensaries." (accessed Jan. 11, 2010)</p>

<p>Possession/Cultivation: Patients (or their primary caregivers) may legally possess or cultivate no more than a 60-day supply of marijuana. The law does not establish a state-run patient registry.</p> <p>Amended: Senate Bill 6032 (29 KB) Effective: 2007 (rules being defined by Legislature with a July 1, 2008 due date)</p> <p>Amended: Final Rule (123 KB) based on Significant Analysis (370 KB) Effective: Nov. 2, 2008</p> <p>Approved Conditions: Added Crohn's disease, Hepatitis C with debilitating nausea or intractable pain, diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity, when those conditions are unrelieved by standard treatments or medications.</p> <p>Possession/Cultivation: A qualifying patient and designated provider may possess a total of no more than twenty-four ounces of usable marijuana, and no more than fifteen plants. This quantity became the state's official "60-day supply" on Nov. 2, 2008.</p> <p>[Editor's Note: On Jan. 21, 2010, the Supreme Court of the State of Washington ruled that Ballot Initiative "I-692 did not legalize marijuana, but rather provided an authorized user with an affirmative defense if the user shows compliance with the requirements for medical marijuana possession." State v. Fry (125 KB)</p> <p>ProCon.org contacted the Washington Department of Health to ask whether it had received any instructions in light of this ruling. Kristi Weeks, Director of Policy and Legislation, stated the following in a Jan. 25, 2010 email response to ProCon.org:</p> <p>"The Department of Health has a limited role related to medical marijuana in the state of Washington. Specifically, we were directed by the Legislature to determine the amount of a 60 day supply and conduct a study of issues related to access to medical marijuana. Both of these tasks have been completed. We have maintained the medical marijuana webpage for the convenience of the public.</p> <p>The department has not received 'any instructions' in light of State v. Fry. That case does not change the law or affect the 60 day supply. Chapter 69.51A RCW, as confirmed in Fry, provides an affirmative defense to prosecution for possession of marijuana for qualifying patients and caregivers.]"</p> <p>Amended: SB 5073 (375 KB) Effective: July 22, 2011 Gov. Christine Gregoire signed sections of the bill and partially vetoed others, as explained in the Apr. 29, 2011 veto notice. (50 KB) Gov. Gregoire struck down sections related to creating state-licensed medical marijuana dispensaries and a voluntary patient registry.</p> <p>[Editor's Note: On Nov. 6, 2012, Washington voters passed Initiative 502, which allows the state to "license and regulate marijuana production, distribution, and possession for persons over 21 and tax marijuana sales." The website for Washington's medical marijuana program states that the initiative "does not amend or repeal the medical marijuana laws (chapter 69.51A RCW) in any way. The laws relating to authorization of medical marijuana by healthcare providers are still valid and enforceable."]</p>	<p>Patient Registry Fee: **No state registration program has been established</p> <p>Accepts other states' registry ID cards? No</p> <p>Registration: None</p>
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EXHIBIT

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